

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51			
2							52			
3							53			
4		1					54			
5		1					55			
6							56			
7							57			
8							58			
9		1		1			59			
10				1			60			
11							61			
12		1					62			
13		1					63			
14			1				64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28		1					78			
29		1					79			
30		1					80			
31		1	(1)				81			
32			(1)				82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	8						TOTAL DEP.			
TOTAL CLAIMS	11						TOTAL CLAIMS			